

DECLARATION OF JOINT INVENTORS FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first, and joint inventor of the claimed subject matter for which a patent is sought on the invention entitled "Tissue Puncture Closure Device with Automatic Tamping" described in the specification.

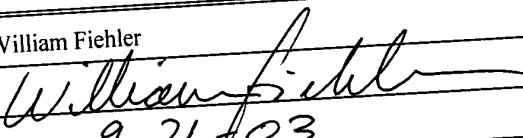
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

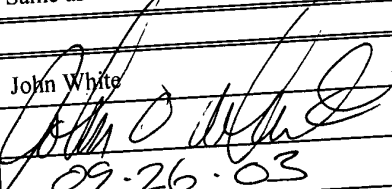
I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 C.F.R. §1.56.

PRIOR FOREIGN APPLICATIONS:

I hereby state that no applications for foreign patents or inventors certificates have been filed prior to the date of execution of this declaration.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued therefrom.

Inventor's Full Name:	William Fiehler
Inventor's Signature:	
Date:	9-26-03
Residence: (City, State and/or Country)	9696 Vagabond Lane N Maple Grove, MN 55311
Citizenship:	USA
Post Address Office:	Same as residence.

Inventor's Full Name:	John White
Inventor's Signature:	
Date:	09-26-03
Residence: (City, State and/or Country)	18690 Jasmine Way Lakeville, MN 55345
Citizenship:	USA
Post Address Office:	Same as residence.